Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 165 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic Deta(a) 11 / 16 / 3.

Event Description.		Date(s)	
Provide Title/		Wolf Diagon Consent Hall	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🖾	f no: Walt Disney Concert Hall	
		Name of Source	
Was ticket distribution made at the behest	Yes 🗌 No 🗵	f yes:Official's Name (Last, First)	
of agency official?		Cinotal o Hamo (East, 1 noty	
Recipients			
• Use Section A to identify the agency's department or un	nit. • Use Section B to	identify an individual. • Use Section C to identify an	outside organization.
	Number		
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant	to the agency's policy
	1 40000		
Board of Supervisors	2	Ticket Policy Sec 5.3(k)	
Board of Oapervisors		Ticket Folicy Sec 3.5(k)	
D. Name of leady ideal	Number		
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the followi	ng:
,	1 43363		
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe by	Income [
	a	n ancasang salamana rate at salas acconso at	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Ceremonial Role Other	Income
		If checking "Ceremonial Role" or "Other" describe be	elow:
	Number		
C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe the public purpose made pursuant	to the agency's policy
(1000)	Passes		
		182	
Verification			
I have read and understand FPPC Regulations 1	8944.1 and 18942.	I have verified that the distribution set forth al	oove, is in accordance
with the requirements			
I knew Venola 1	Nancy Herrera	Ticket Administrator	12/20/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
/ /			

Comment

	gency Report of: eremonial Role Even	ts and Ticket/l	Pass Distr	ibutions	Α	Public Do	cument
1.	Agency Name	Date Stamp	0 1.6				
	Los Angeles County		supplied the state of the state	Form	802		
	Division, Department, or Reg	ion (if applicable)		For Official	Use Only		
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact		1	1			
	Nancy Herrera				5		
	Area Code/Phone Number	Amendment (Must Pr	rovide Explanation in	n Part 3.)			
	(213) 974-4444 nherrera@bos.lacounty.gov				Date of Original Filing: _	(month, day, yea	ar)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	Face Value of	Each Ticket/Pass \$ 16	5 & 99	
	Event Description: LA Philharmonic						
	Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	, , ,	Name of Source Official's Name (Last, First)				
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart	Use Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to identi			
	Board of Supervisors	4	Ticket Policy	/ Sec 5.3(k)			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
					nonial Role Other description of the description of	cribe below:	Income
				309000000000000000000000000000000000000	nonial Role Other of the control of	cribe below:	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agenc	y's policy

4. Verification

Ιh	ave read and underst	and Fi	PPC Regulations	18944.1 a	nd 18942.	I have v	erified that the	distribution	set forth	above,	is in ac	cordance
WH	h the requirements.	- 1										

with the requirements.			
Paney Llevere	Nancy Herrera	Ticket Administrator	12/20/18
Signature of Agerical Head or Designee	Print Name	Title	(month, day, year)
Comment: 2-Orchestra & 2 Terrace			

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document		
1.	Agency Name		Date Stamp	California 802			
	Los Angeles County			Form OUZ			
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	(Name, Title)	1				
	Nancy Herrera		Amendment (Must P	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Americanione (wast rovide Explanation III rates.)		
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes l	⊠ No □ F	ace Value of	Each Ticket/Pass \$	65	
	Event Description: LA Philh		, 25 , 18				
	Event Description:	Provide Title/ Expla	nation	Jate(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes I	□ No⊠ I	f no: Walt Dis	ney Concert Hall Name of Source		
	Was ticket distribution made	at the behest Yes I	□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?	100			Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy		
	Board of Supervisors		2	Ticket Policy	/ Sec 5.3(k)		
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	nllowing:	
	(Last, Firs		Passes		identity one of the id	onewing.	
					onial Role Other Ing "Ceremonial Role" or "Other" des	51 1757044035451210 (J. 1940 1	
				41250 Jan 20120 100	onial Role Other ing "Ceremonial Role" or "Other" des	1500 D(30 (50)	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
	Verification						
	I have read and understand FPI with the requirements.	PC Regulations 18944.	.1 and 18942. I	I have verified tl	hat the distribution set fo	rth above, is in accordance	
0	man and requirements.	. 11. 1					
	U VNEW HER		y Herrera		Ticket Administrator	12/20/18	
	Signature of Agericy Head or Designe	ee Pr	int Name		Title	(month, day, year)	
	Comment:						
	Common.						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Ceremonial Role Events and Ticket/Pass Distributions	A	Public Doc	ument
Agency Name Los Angeles County	Date Stamp	California Form	802
Division, Department, or Region (if applicable)		For Official Us	se Only

1.	Los Angeles County		Date Stamp	Form 802				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only				
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact							
	Nancy Herrera		Amandmant #4 /5	\				
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)		
	(213) 974-4444	nherrera@bos.lad	ounty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				_		
	Does the agency have a tick	et policy? Yes	Face Value of	ue of Each Ticket/Pass \$ 165				
	Event Description: LA Philh	armonic	, 30 , 18					
		Provide Title/ Expl	anation		ney Concert Hall			
	Ticket(s)/Pass(es) provided	by agency? Yes	Name of Source					
	Was ticket distribution made	at the behest Yes	□ No⊠	If yes:	Official's Name (Last, First)	THE MAN TO THE THE TAX		
	of agency official?				Official's Name (Last, First)			
3.	Recipients				10 Jun - William	000 mm		
	• Use Section A to identify the agend	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors	2	Ticket Policy	Sec 5.3(k)				
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
					onial Role Other Ing "Ceremonial Role" or "Other" des			
				1	onial Role Other on "Other" des			
	C. Name of Outside Organization (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy		
۱. ۱	Verification							
	have read and understand FPF with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified th	aat the distribution set fo	rth above, is in accordance		
	Manly Llm llm Nancy Herrera				Ticket Administrator	12/20/18		
-	Signature of Agericy Head or Designe		rint Name		Title	(month, day, year)		
	Comment:							